**Written (Opponent) Testimony for SCR10 presented to the Health, Human Services and Medicaid Committee of the Ohio Senate – February 26, 2020**

Chairman Burke, Vice Chair Huffman, Ranking Minority Member Antonio and members of the Health, Human Services and Medicaid Committee thank you for the opportunity to provide written testimony on my opposition to SCR10.

My name is Dr Ravi Kulasekere, a practicing board certified doctor of traditional naturopathy and a medical physicist by training. I am writing to express my opposition to SCR10 for a number of reasons. and a few are outlined below.

I am concerned about the expressed intent and also content of SCR10. In particular, the proposed OAC 3701-36-05 for the following reasons:  
  
1) Using tax-payer funds to bring punitive actions against county health departments whose citizens decline a pharmaceutical product, especially if they have exercised their religious freedoms or any other reason allowed by law to exempt their children is inappropriate and unethical in a free country.  
  
2) Government should not be using financial incentives to push a for-profit pharmaceutical product that is exempt from liability. It is also not the duty of government determine who consumes what pharmaceutical product, which should be left under the art of practicing medicine between a medical professional and the public.  
  
3) I am also against the public posting of vaccine product consumption rates which in reality does not reflect true immunization rates or the ability of the individual who has been vaccinated, to prevent infection or transmission of the same. The assumption of vaccine efficacy in preventing infections has been proven wrong time and time again and well documented in the literature.  
  
To illustrate my last point further and to point out the futility of this exercise, I would like to draw your attention to the resurgence of measles in recent times which seems to be involving more and more vaccinated individuals than unvaccinated. The prediction that mass vaccination for measles would result in the loss of true herd immunity and also create the spread of the infection from childhood (where it was considered benign in a well-nourished child) to infants and older adults where it could cause problems, was made in 1984 **[1]**. A prominent vaccine advocate also recently published a paper citing that the reason for measles resurgence was actually vaccine failure more so than failure to vaccinate **[2].**

What is even more concerning was another recent study that investigated the lack of plasma donors for measles antibodies (to protect immune-compromised individuals during an outbreak) because of vaccine antibodies waning over time. The investigators determined that giving an additional dose of the MMR vaccine produced no major increase in the level of antibodies after 160 days **[3]**

These studies and the evidence from the field amply confirms that vaccine rates or reporting of such rates have no bearing on immune status or the ability of anyone to ward off an infection.

I sincerely hope you will consider the testimony and vote NO on SCR10.

Thank you.

Yours Faithfully,



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References:

**[1]** <https://academic.oup.com/aje/article/120/1/39/98627>

**[2]** [**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/)

**[3]** <https://academic.oup.com/jid/article/216/8/977/4084678?fbclid=IwAR0_N-U16IyhbbPEDKjXAvInEU1XnAUAmO6NHJuHQqcSGaLMnm0WexlBg_c>